

Work Order ID 92979

November-12-12 3:32:55 PM

92979

Page 1

Item ID: 647.9011

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Doubler

Stop

NS2

Start Date: 12/11/2012 Start Qty: 10.00

10

Cust Item ID:

Required Date: 03/12/2012 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

M65

Date: 12-11-13

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr Revision Nbr

647.9000

N/C

110

0.00

110

Waterjet

FLOW CNC Waterjet

2094 .d63

Memo

A

0.00

10

0

JM 12-11-25

1-Cut as per Dwg *Made from 647.9010*
Dwg Rev: N/C
Prog Rev: N/C

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Quality Control

Memo

0.00

10

8

JM 12-11-25

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | |
|-------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|------------------------------------|--------------------------------------|-------------|--------------|--------------|--|
| Part No. _____ | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | |
| NCR No. _____ | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | |
| | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | |
| Doc/Data | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | |
| Operator | | | | | | | | | | |
| Material | | | | | | | | | | |
| Setup | | | | | | | | | | |
| Other | | | | | | | | | | |
| Process | | | | | | | | | | |
| Supplier | | | | | | | | | | |
| Training | | | | | | | | | | |
| Unapproved | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | |
| Landing Gear | | | General | | | | | | | |
| Bending <input type="checkbox"/> | Bend <input type="checkbox"/> | Grain <input type="checkbox"/> | Ovalized <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | | | | | | |
| Centre Not Concentric to O/S <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Hardware <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | | | | | | |
| Cracks <input type="checkbox"/> | Broken/Damaged <input type="checkbox"/> | Inspection Incomplete <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Weld <input type="checkbox"/> | | | | | | |
| Crushed/Crimped. <input type="checkbox"/> | Burrs <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | | | | | | |
| Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Maintenance <input type="checkbox"/> | Part Moved <input type="checkbox"/> | | | | | | | |
| Heat Treat <input type="checkbox"/> | Countersink <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | | | | | | | |
| Inspection Strip in Tube <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Misread <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | | | | | | | |
| Ripples in Bend <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Offset <input type="checkbox"/> | | Other <input type="checkbox"/> | | | | | | |
| Torque Waves in Extrusion <input type="checkbox"/> | Drawing <input type="checkbox"/> | Out of Calibration <input type="checkbox"/> | | | | | | | | |
| Turning Sequence <input type="checkbox"/> | Finish <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | | | | | | | | |
| Wave/Twist in Tube <input type="checkbox"/> | Folio <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | | | | | | | | |

Work Order ID 92979

November-12-12 3:32:55 PM

92979

Page 2

Item ID: 647.9011

Accept

Revision ID:

Item Name: Doubler

Start Date: 12/11/2012 Start Qty: 10.00

10

Required Date: 03/12/2012 Req'd Qty: 10.00

10

Reference:

Approvals: Process Plan:

Date:

Tooling:

Cust Item ID:

Customer:

QC:

Date:

SPC (Y/N):

Date:

Date:

Run Start

NR1

Stop

NR2

Sequence ID/
Work Center ID

130

130

QC

Quality Control

Operation
Description

QC8- Inspect parts - second check

Set Up/
Run Hours

0.00 15
2-89

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

Outsource process-Anodize per QSI017 4.1.10.1

0.00

160

Outsource4

Outsource process - Anodize

Memo

0.00

PL 12-1126

ISSUE P/O: 18506

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

170

Receive & Inspect for Damage & Mat'l Certs

0.00

170

Packaging

Packaging

Memo

0.00

PL 12-1126 (2)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | |
|-----------------------|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|----------------------------------------------|--------------------------------------|--------------|--------------|--|
| | | | Rework <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | |
| | | | Scrap <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | |
| | | | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | |
| | | | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | |
| Doc/Data | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | |
| Operator | | | | | | | | | | |
| Material | | | | | | | | | | |
| Setup | | | | | | | | | | |
| Other | | | | | | | | | | |
| Process | | | | | | | | | | |
| Supplier | | | | | | | | | | |
| Training | | | | | | | | | | |
| Unapproved | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | |
| Landing Gear | General | | | | | | | | | |
| | <input type="checkbox"/> Bending | <input type="checkbox"/> Bend | <input type="checkbox"/> Grain | <input type="checkbox"/> Ovalized | <input type="checkbox"/> Pressure/Forced | | | | | |
| | <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Hardware | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Temperature/Cure | | | | | |
| | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Weld | | | | | |
| | <input type="checkbox"/> Crushed/Crimped. | <input type="checkbox"/> Burrs | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Wrong Stock Pulled | | | | | |
| | <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Part Moved | | | | | | |
| | <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Countersink | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Positioned Wrong | | | | | | |
| | <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Misread | <input type="checkbox"/> Power Loss/Surge | | | | | | |
| | <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Offset | | | | | | | |
| | <input type="checkbox"/> Torque Waves in Extrusion | <input type="checkbox"/> Drawing | <input type="checkbox"/> Out of Calibration | | | | | | | |
| | <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Finish | <input type="checkbox"/> Out of Sequence | | | | | | | |
| | <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Folio | <input type="checkbox"/> Outside Dimensions | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Work Order ID 92979

November-12-12 3:32:55 PM

92979

Page 3

Item ID: 647.9011

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Doubler

Stop

NS2

Start Date: 12/11/2012 Start Qty: 10.00

10

Cust Item ID:

Required Date: 03/12/2012 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

180

180

QC

Quality Control

Operation
Description

QC5- Inspect part completeness to step on W/O

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

10

DAS
05
8-89 12-12-23

190

190

SprayPaint

Spray Painting

Memo

0.00

10

Ø

Ø

A
12-12-31

PRIME IAW MIL-P-23377J TYPE I CLASS N AS PER DWG. (SEE NOTE 2)

PRIMER BATCH: 123693

200

200

QC

Quality Control

QC14- Inspect Spray Paint

0.00

10

DAS
05
8-89 13-01-05

Memo

0.00

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-COMPLIANCE / UPDATE

QA Closed: _____ Date: _____

Work Order ID 92979

November-12-12 3:32:55 PM

92979

Page 4

Item ID: 647.9011

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Doubler

Stop

NS2

Start Date: 12/11/2012 Start Qty: 10.00

10

Cust Item ID:

Required Date: 03/12/2012 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

210

210

Packaging

Packaging

Operation
Description

Identify as per dwg & Stock Location:

1396

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

220

220

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

10/13/11 S (10)

13/11/10 QD

MF
13-01-09

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------|--------------------------------------|--------------|--------------|
| | | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | |
| | | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | Quality <input type="checkbox"/> | | |
| | | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Other <input type="checkbox"/> | | |
| Part No. _____ | | | | | | | | | |
| NCR No. _____ | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | | |
| | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other | | | | | |
| | | | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | | | | | |

Picklist Print

November-12-12 3:32:59 PM

Page 1

Work Order ID: 92979

92979

Parent Item: 647.9011

647 9011

Parent Item Name: Doubler

Start Date: 12/11/2012

Required Date: 03/12/2012

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV: A 12.11.01 NEW ISSUE DD VERF:JLM

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M2024T3S.063 | | Purchased | No | | | 110 | sf | 112.4200 | 0.446 | 4.694737 | ** | 4.7 | |

M2024T3S 063
2024-T3 .063 sheet

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| MAT022 | 112.42 | |
| 119916 | 0.1 | |
| 121197 | 16.32 | |
| 123654 | 96 | 123654 |

Jm 12-11-25

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| | | | | | | | | | | |
|----------------------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------|-----------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------|--------------|--|
| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | |
| Part No. _____ | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | |
| NCR No. _____ | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | |
| | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Other <input type="checkbox"/> | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | |
| Doc/Data | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | |
| Operator | | | | | | | | | | |
| Material | | | | | | | | | | |
| Setup | | | | | | | | | | |
| Other | | | | | | | | | | |
| Process | | | | | | | | | | |
| Supplier | | | | | | | | | | |
| Training | | | | | | | | | | |
| Unapproved | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | |
| Landing Gear | | | | General | | | | | | |
| | | | | Bending <input type="checkbox"/> | Bend <input type="checkbox"/> | Grain <input type="checkbox"/> | Ovalized <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | | |
| Centre Not Concentric to O/S | | | | BOM/Route <input type="checkbox"/> | Hardware <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | | | |
| Cracks <input type="checkbox"/> | | | | Broken/Damaged <input type="checkbox"/> | Inspection Incomplete <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Weld <input type="checkbox"/> | | | |
| Crushed/Crimped. <input type="checkbox"/> | | | | Burrs <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | | | |
| Cuffs <input type="checkbox"/> | | | | Contamination <input type="checkbox"/> | Maintenance <input type="checkbox"/> | Part Moved <input type="checkbox"/> | | | | |
| Heat Treat <input type="checkbox"/> | | | | Countersink <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | | | | |
| Inspection Strip in Tube <input type="checkbox"/> | | | | Cut Too Short <input type="checkbox"/> | Misread <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | | | | |
| Ripples in Bend <input type="checkbox"/> | | | | Drill Holes <input type="checkbox"/> | Offset <input type="checkbox"/> | | Other <input type="checkbox"/> | | | |
| Torque Waves in Extrusion <input type="checkbox"/> | | | | Drawing <input type="checkbox"/> | Out of Calibration <input type="checkbox"/> | | | | | |
| Turning Sequence <input type="checkbox"/> | | | | Finish <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | | | | | |
| Wave/Twist in Tube <input type="checkbox"/> | | | | Folio <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | | | | | |

| | | | | | |
|----------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|----------------------|-------------------------------------------------------------------------------------------|
| APICAL INDUSTRIES, INC. | ENGINEERING CHANGE NOTICE NO. 03266 | | | SHEET 1 OF 2 | |
| | DWG NO. 647.9000 | REV: N/C | PREPARED BY A. QUAN | DATE: 11/15/11 | EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC. |
| | DWG TITLE: SHEETMETAL | | | | |
| | APPROVED BY: | ENGR: <i>P. Brown</i> | MFG: <i>Dave Bush</i> | QC: <i>Paul Lyon</i> | EFF: CURRENT ORDER AND STOCK |
| | TRANSACTION CODES (TC) A-ADD C-CREATE R-REVISE D-DELETE | REASON: REVISED 647.9014 MATERIAL, REVISED DIMENSIONS OF P/N 647.9012 | | | |

SHEET 1, NOTES:

NOTES: UNLESS OTHERWISE SPECIFIED

1 MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4

2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK;
PRETREAT PR-148 ADHESION PROMOTER, PRIME IAW MIL-P-23377J, TYPE I, CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES

4. IDENTIFY IAW MPP-120. LASER ETCH P/N AND REVISION 12PT. CENTURY GOTHIC.

5. ALL DIMENSIONS SHOWN PRIOR TO FINISH.

6 PART DIMENSIONS CONTROLLED BY CAD MODEL; FILE NAME: 647.9016 DOUBLER.SLDPRT-LAST MODIFIED 06-29-10

7. INSPECTION DIMENSIONS SHOWN WITH FINISH APPROX. 3-5 MIL MAX PER FACE.

(IS)

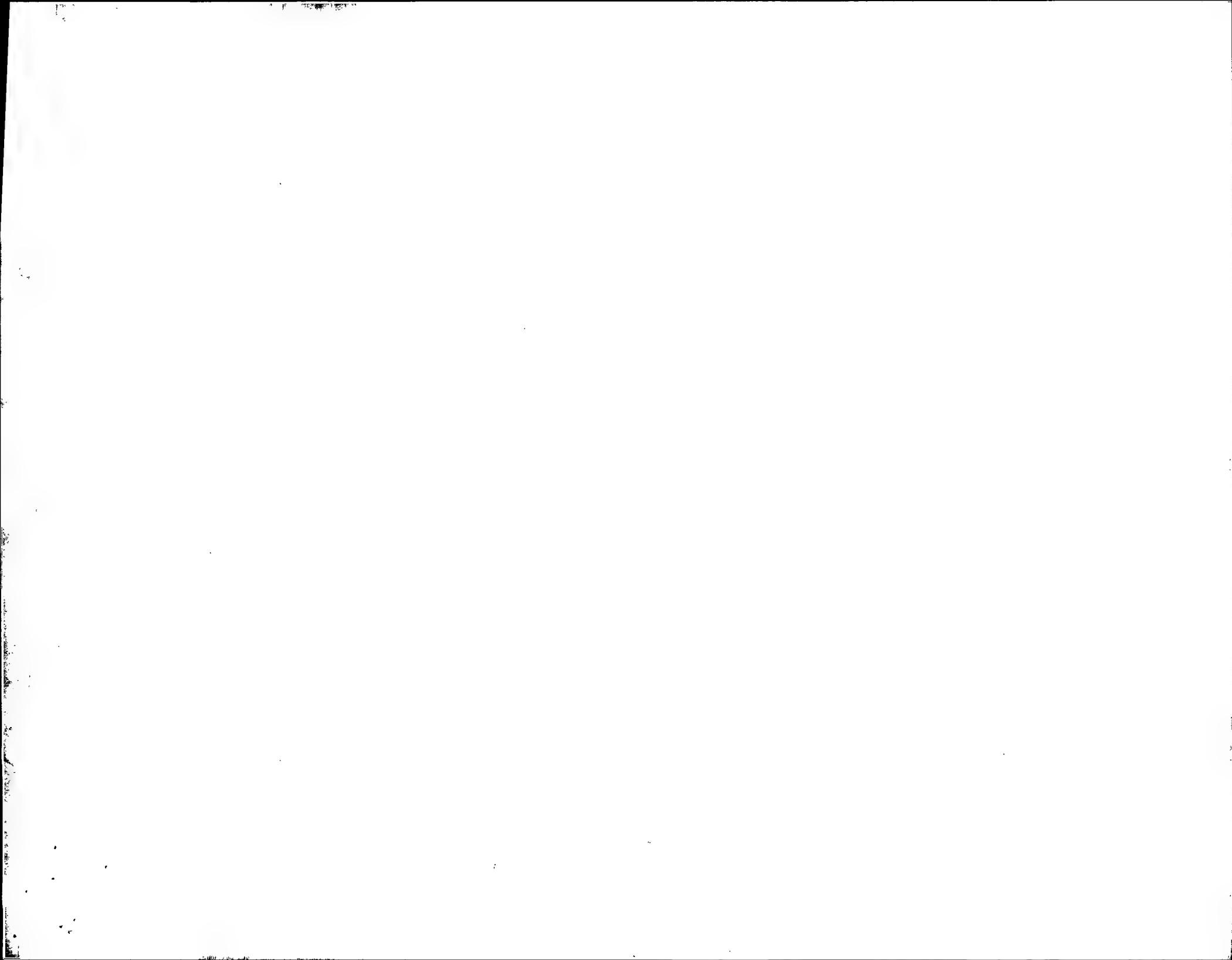
8 MATERIAL: 304SS IAW AMS 5643

9 FINISH: PRIME IAW MIL-P-23377J, TYPE I, CLASS N

SHOP COP
RETURN TO
ENGINEER
UNCONTROLLED
SUBJECT TO AMEND.
WITHOUT NOTICE
WORK ORD
NO. 92979 MLC

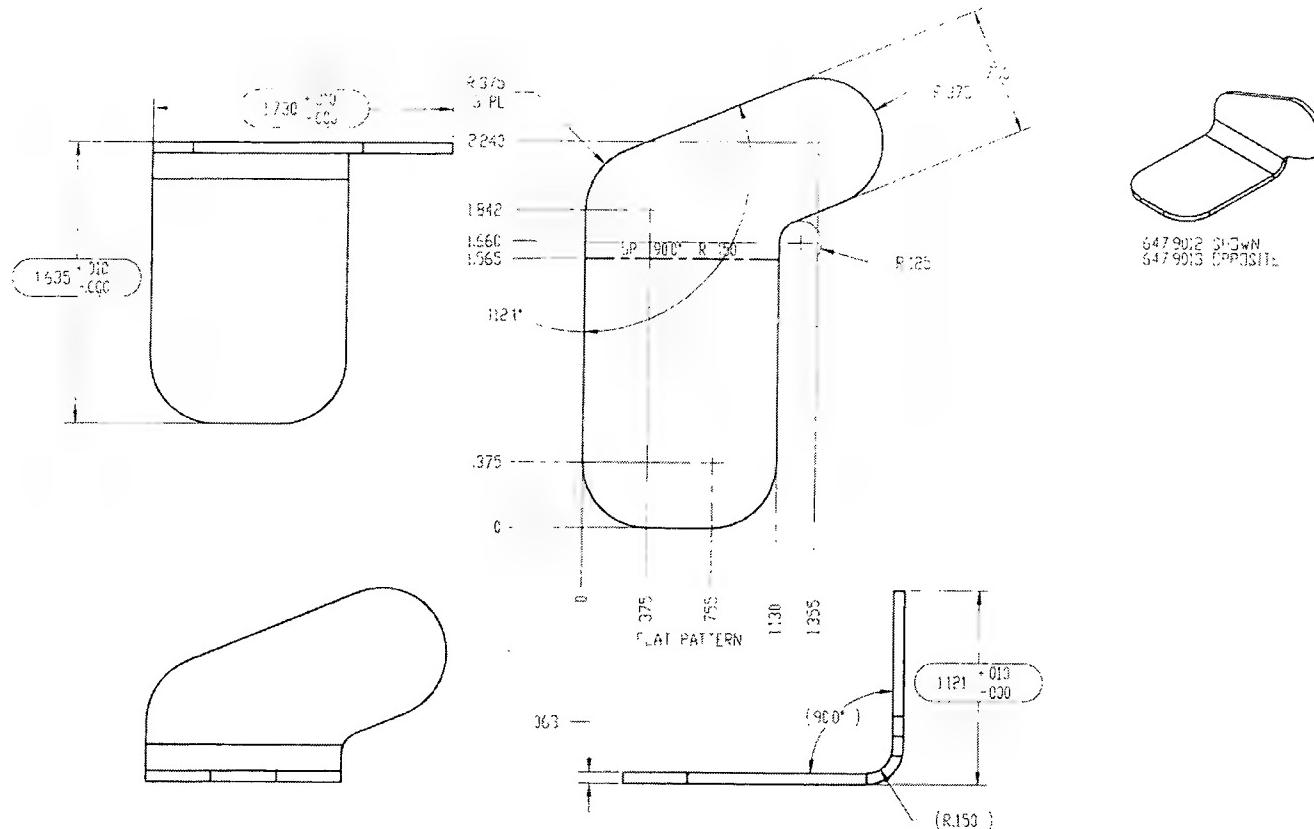
12-11-13

| | | | | | | |
|---------------------|----|-------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 5 | R | 647.9014 | | STRUT BRACKET | 8 | 9 |
| F/N | TC | PART NUMBER | QTY | DESCRIPTION | MATERIAL | SPECIFICATION |
| DOCUMENTS EFFECTED: | | | | <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input checked="" type="checkbox"/> BOM | <input type="checkbox"/> CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR | <input type="checkbox"/> DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |



SHEET 3, IS:

92979



| F/N | TC | PART NUMBER | QTY | DESCRIPTION | MATERIAL | SPECIFICATION |
|-----|----|-------------|-----|-------------|----------|---------------|
| | | | | | | |

APICAL
INDUSTRIES, INC.

ENGINEERING CHANGE NOTIC

NO. 03213

SHEET 1 OF 1

DWG NO. 647.9000

REV: N/G

PREPARED
BY A. QUAN

DATE: 11/09/11

EFFECT ON DWG
 INC. UNINC.

DWG TITLE: SHEETMETAL

APPROVED

ENGR. J. J. L.

MFG

David Baker

BCA

1 0 0

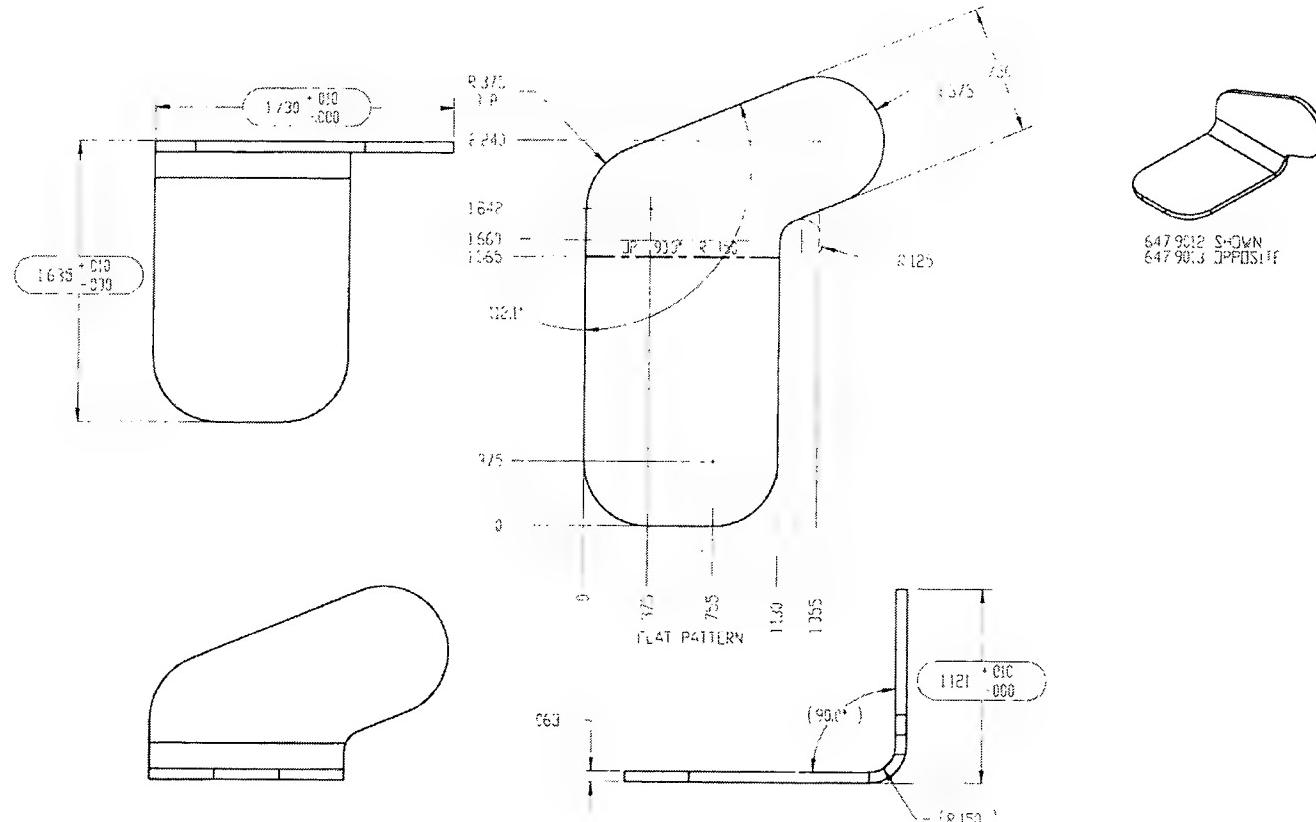
666

TRANSACTION CODES (TC)

A-ADD C-CREATE
R-REVISE D-DELETE

REASON: REVISED 647.9013 DIMENSIONS

SHEET 3, IS:



| F/N | TC | PART NUMBER | QTY | DESCRIPTION | MATERIAL | SPECIFICATION |
|---------------------|----|-------------|-----|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| DOCUMENTS EFFECTED: | | | | <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM | CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR | DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

92978

NOTES: UNLESS OTHERWISE SPECIFIED

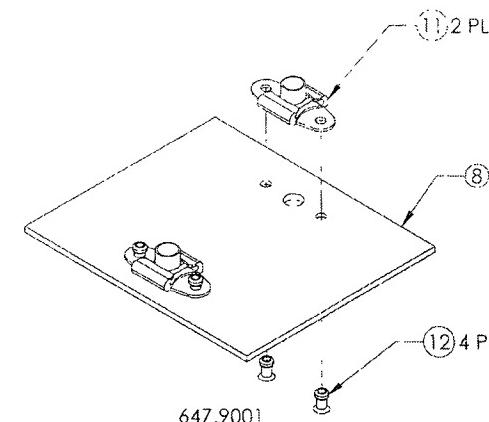
△ MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-25C/4

△ FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK:
PRETREAT PR-148 ADHESION PROMOTER PRIME IAW MIL-P-23377J, TYPE 1, CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120, LASER ETCH P/N AND REVISION 12PT. CENTURY GOthic.
5. ALL DIMENSIONS SHOWN PRIOR TO FINISH.

△ PART DIMNSNS CONTROLLED BY CAD MODEL; FILE NAME: 647.9016 DOUBLER.SLDPRT-LAST MODIFIED 06-29-10

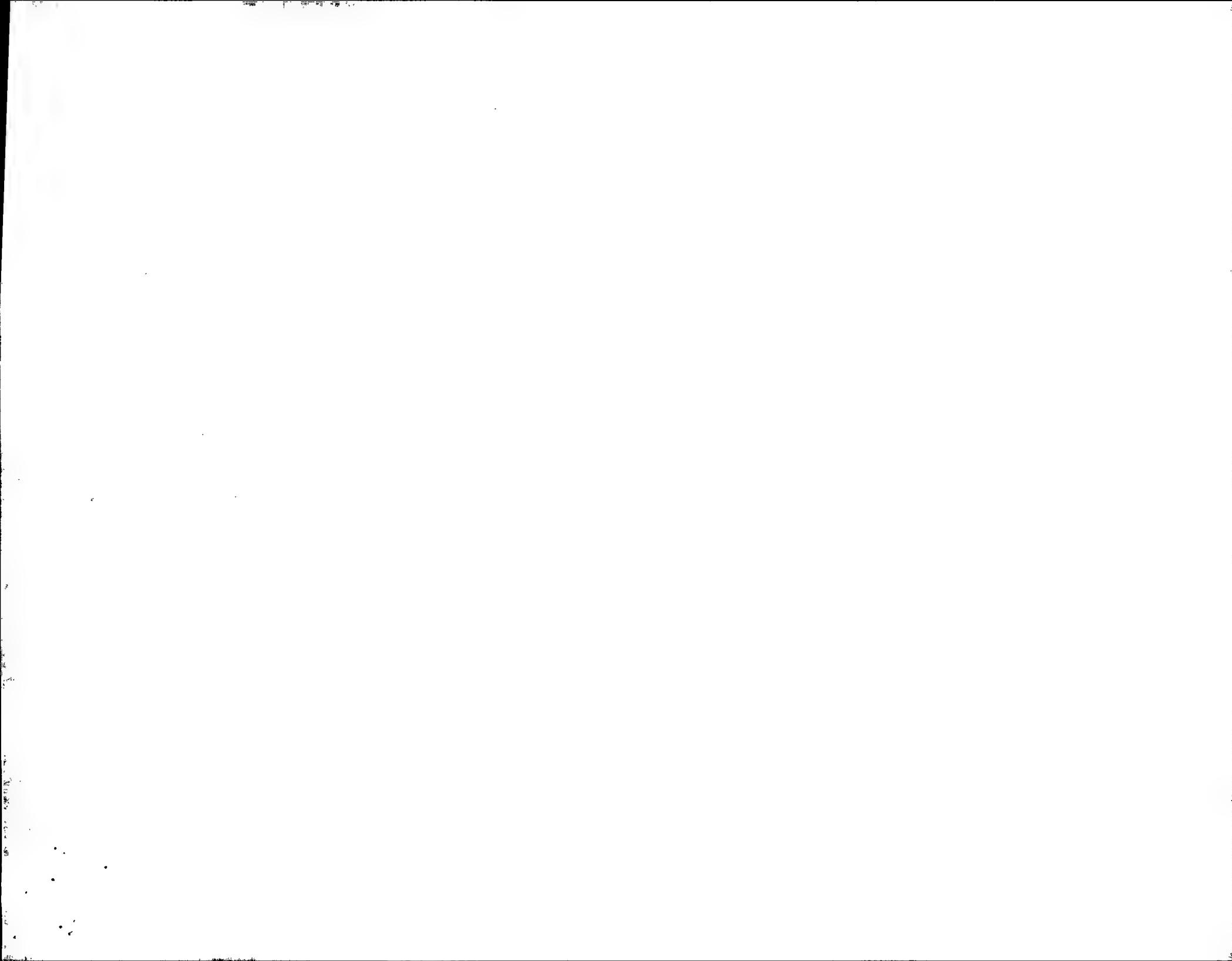
7. INSPECTION DIMENSIONS SHOWN WITH FINISH APPROX. 3-5 MIL MAX PER FACE.



UNINCORPORATED ECN(s)

03213, 03266,

| | 4 | 12 | 6012277 601.900 | RIVL NJIPLATE | CCP76455 3-02 MS-054-3 |
|--|---|----|--------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | 10 647.9019 | HINGE | △ △ |
| | | | 9 647.9018 | DOUBLER | △ △ |
| | 1 | 8 | 647.9017 | DOUBLER | △ △ |
| | | | 7 647.9016 | DOUBLER | △ △ |
| | | | 6 647.9015 | DOUBLER | △ △ |
| | | | 5 647.9014 | SIRUI BRACKET | △ △ |
| | | | 4 647.9013 | FWD CLP | △ △ |
| | | | 3 647.9012 | FWD CLP | △ △ |
| | | | 2 647.9011 | DOUBLER | △ △ |
| | | | 1 647.9010 | DOUBLER | △ △ |
| | | | 647.9001 | DOUBLER ASSY | △ △ |
| | | | 9001 | QTY: 1 | PART #: PART # |
| | | | | | DESCRIPTION |
| | | | | | MATL |
| | | | | | SPEC. |
| | | | | | PARTS LIST |
| | | | | | APICAL INDUSTRIES |
| | | | | | 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 |
| | | | | | SHEETMETAL |
| | | | | | SET: 1 CAGE CODE: DWG NO: 647.9000 REV: N/C %: 0/1M26 SCALE: NONE SHEET: 1 OF 9 |
| | | | | | JULY 2013 - 10:00 AM NEXT ASSY IS: 647.9000 DRAWN BY: JCH-RP VER: 0000 REV: A APPROVAL: PM DRAFTED BY: PM CHECKED BY: PM REVIEWED BY: PM APICAL INDUSTRIES |



6t52b

647.9071 OPPOSITE

.250 THRU
4 PL

480 —

3
010
+010
-000

160 PL

FLAT PATE

890

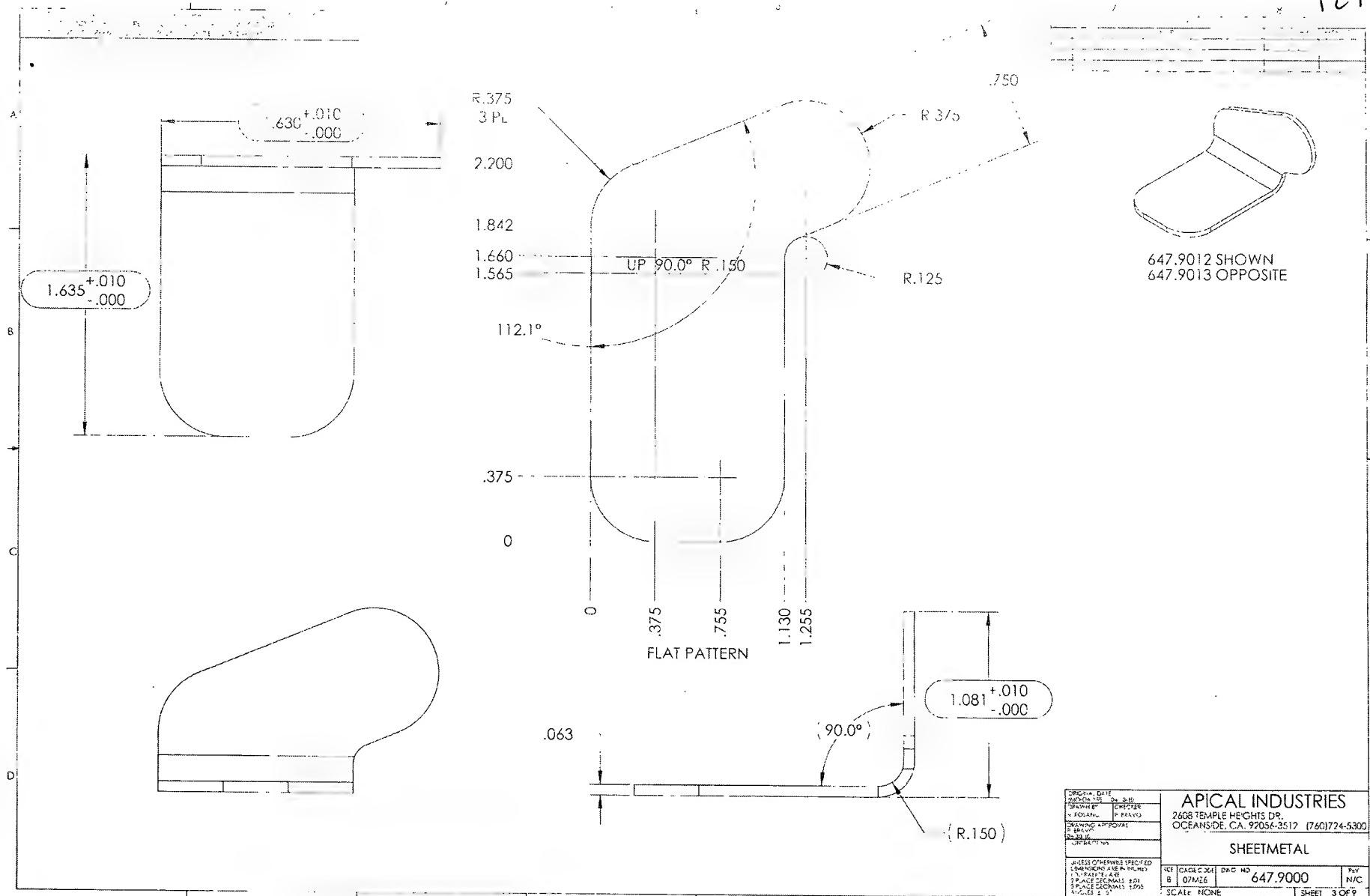
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+010

8.000

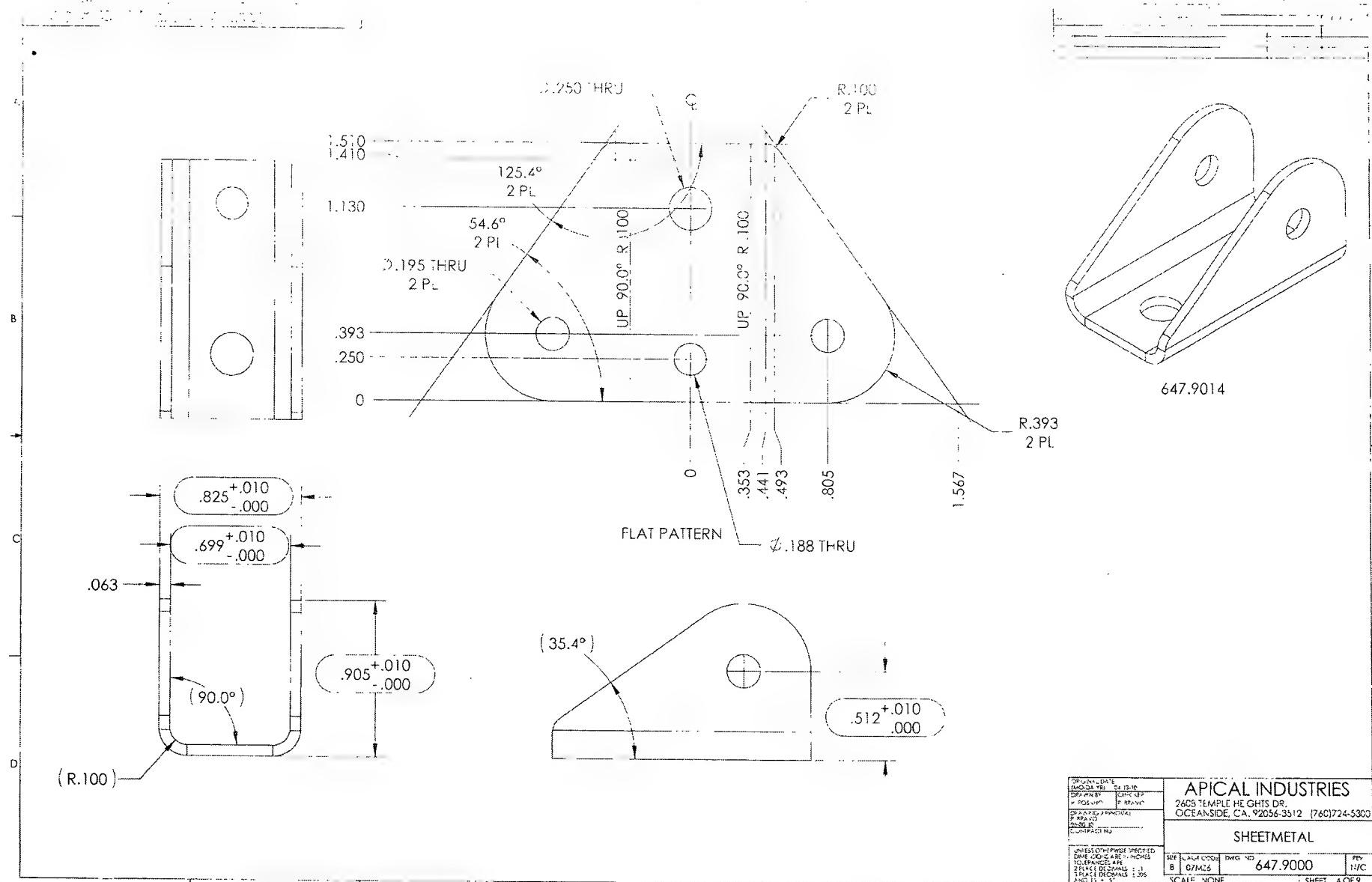
R64.945

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+.010
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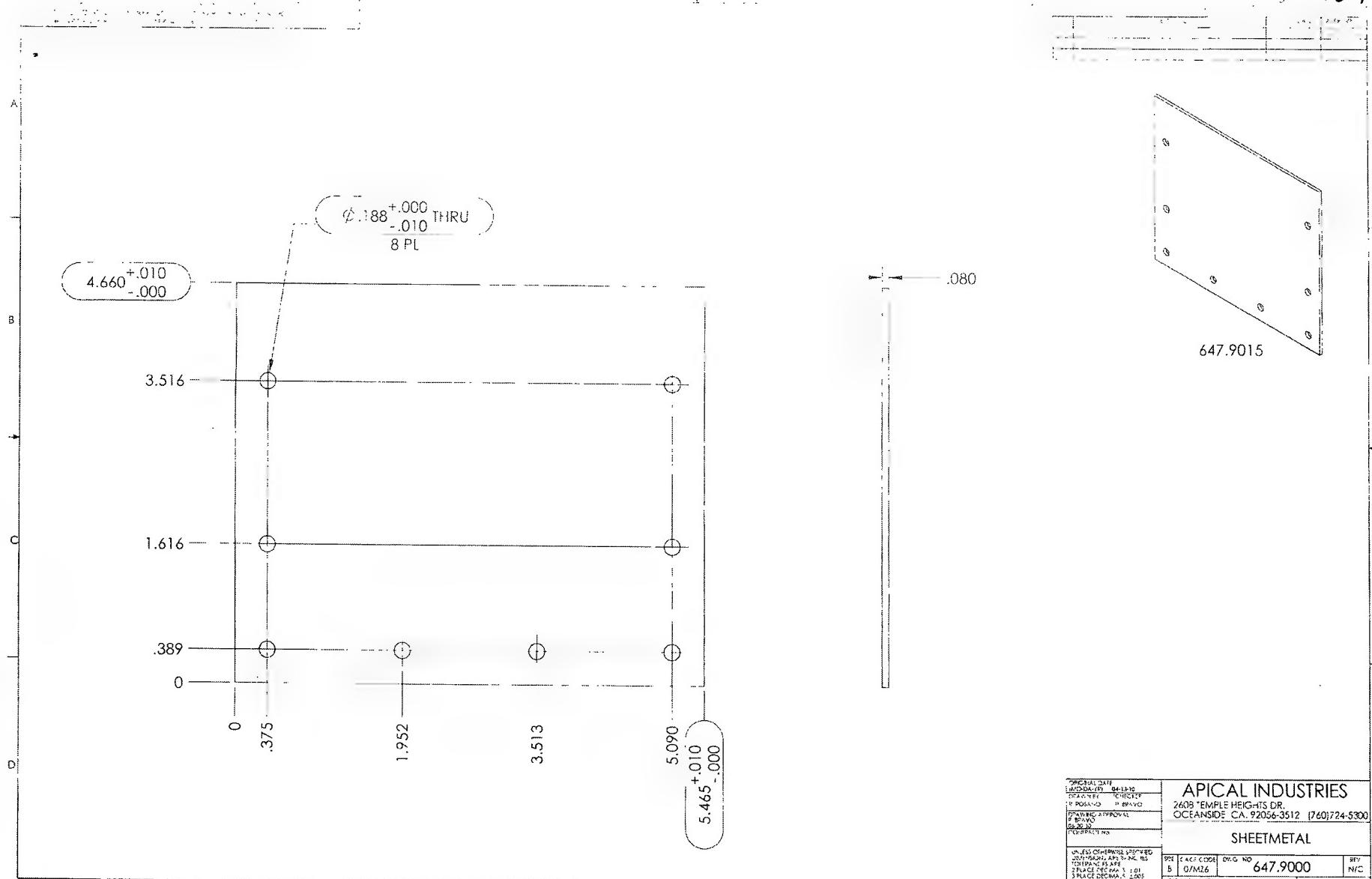
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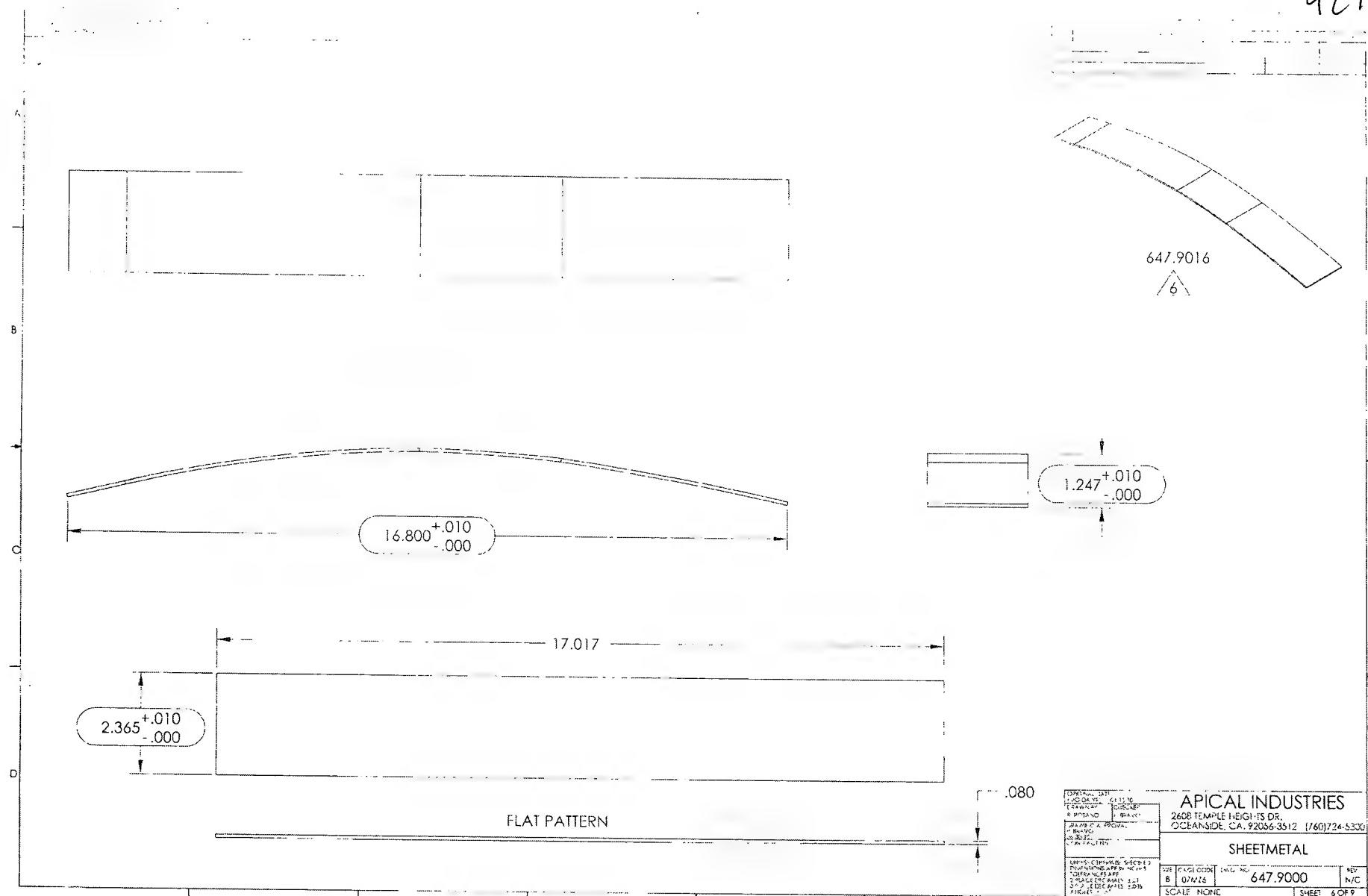
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92979

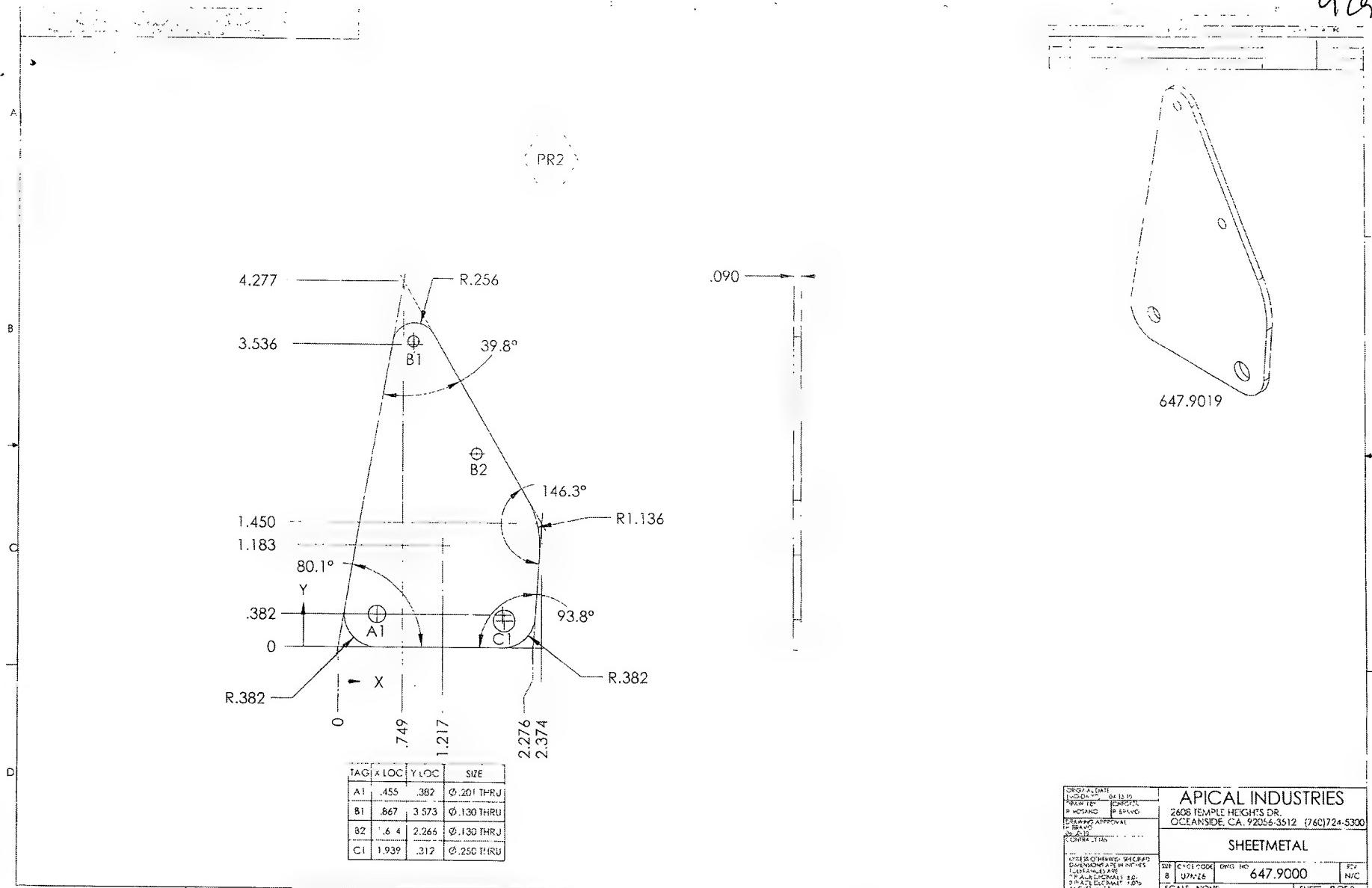


92978



| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------|-------------|
| DRAWING DATE 10-20-05 | REV. C11.10 | | |
| DESIGNER J. SWANSON | APPROVED J. SWANSON | | |
| REVIEWED J. SWANSON | DATE 10-20-05 | | |
| APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5330 | | | |
| SHEETMETAL | | | |
| ITEMS CHANGED SINCE PREVIOUS DRAWING REASON FOR CHANGE RELEASER NAME RELEASER TITLE RELEASER DATE RELEASER SIGNATURE | SIZE B 07/16 SCALE NONE | CAGE CODE 647.9000 | REV. N/C |
| SHEET 6 OF 9 | | | |

G2g 3e



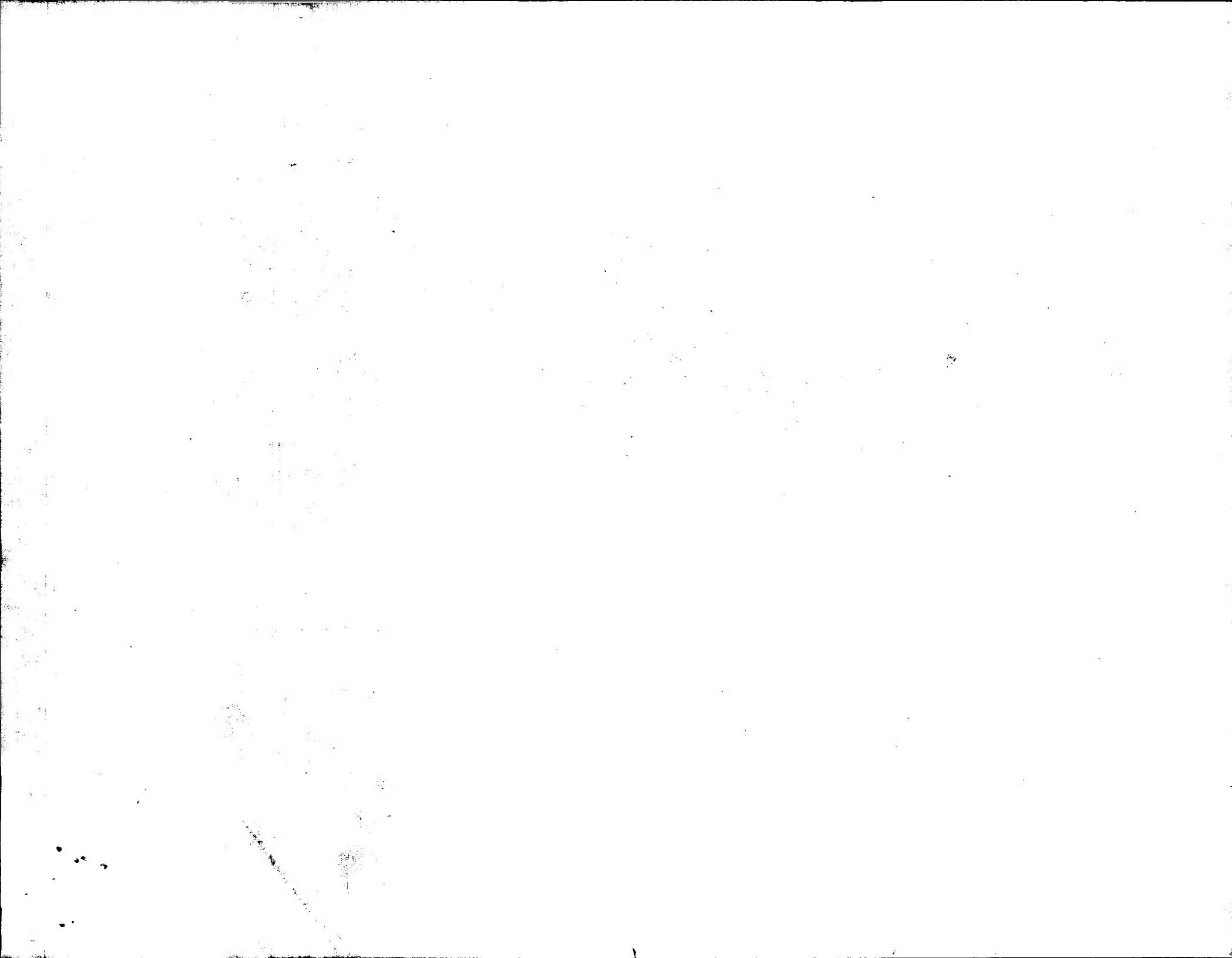
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|-------------------------------------------------|---------------------|--------------------|
| DART AEROSPACE LTD | Work Order: | 92979 |
| Description: Double | Part Number: | 647.9011 |
| Inspection Dwg: 647.9000 Rev: A/C | | Page 1 of 1 |

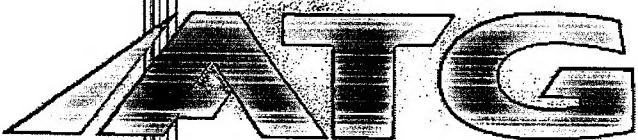
FIRST ARTICLE INSPECTION CHECKLIST

| | |
|---------------------|----------|
| Measured by: | Jm |
| Date: | 12-11-25 |

| | |
|--------------------|----------------|
| Audited by: | D. J. S. 15 |
| Date: | 12/18/96 |

| | |
|------------------------------|--------------|
| Preliminary Approval: | |
| | Date: |





**ATG
INDUSTRIES INC.**

A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

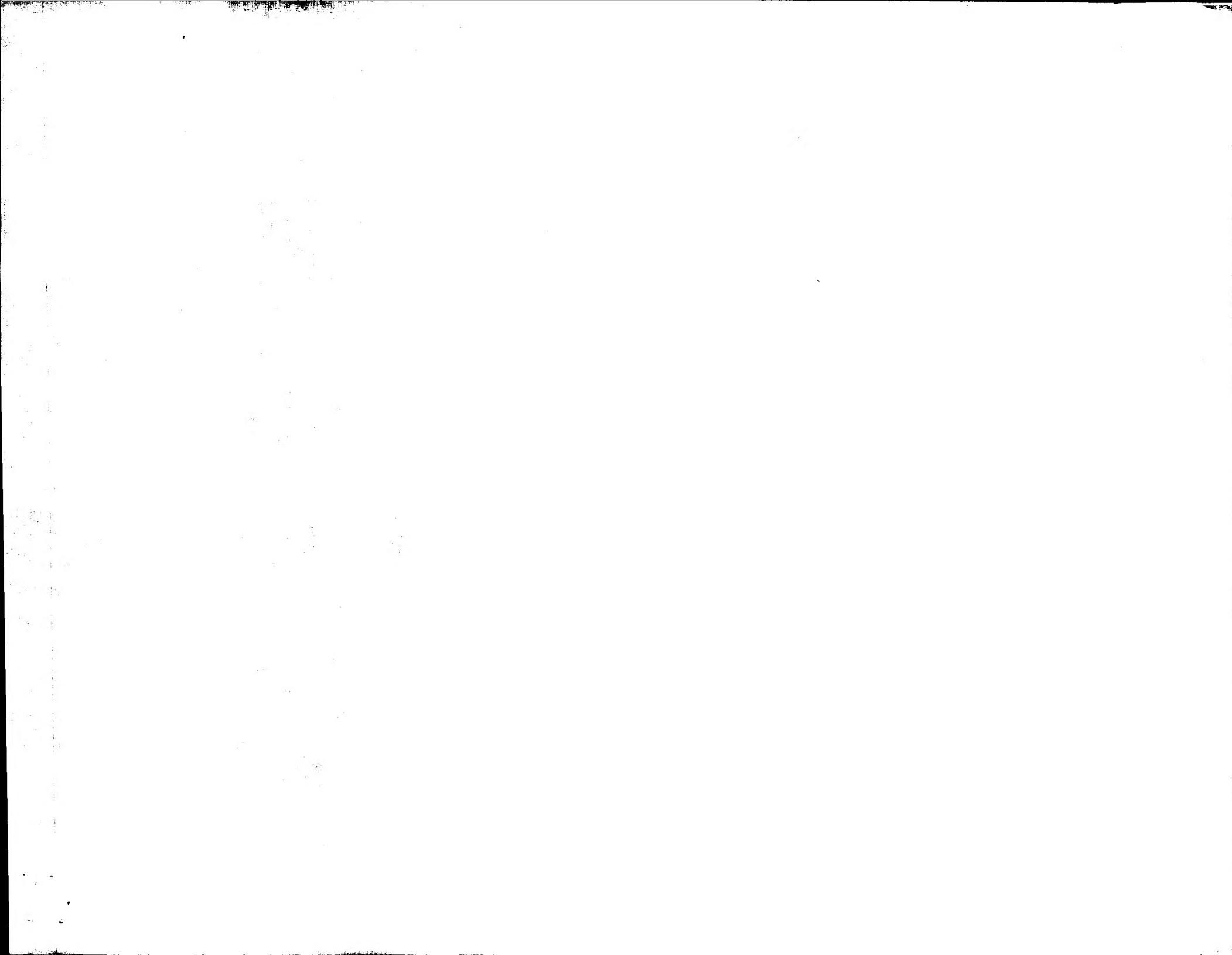
| Terms | Ship Via |
|----------|-----------------------------|
| | |
| Quantity | Description |
| 1 | Part: ASST |
| lot | Rev: |
| | 8 PCS 647.1610 |
| | 5 PCS 647.1612 |
| | 2 PCS 647.1713 |
| | 6 PCS 647.1811 |
| | 1 PC 647.1816 |
| | 1 PC 647.1817 |
| | 8 PCS 647.1818 |
| | 11 PCS 646.3210 |
| | 20 PCS 646.3313 |
| | 10 PCS 646.3717 |
| | 20 PCS 646.3717 |
| | 16 PCS 647.4610 |
| | 10 PCS 649.4811 |
| | 10 PCS 649.4812 |
| | 24 PCS 649.4814 |
| | 30 PCS 649.4815 |
| | 6 PCS 647.7913 |
| | 3 PCS 647.7919 |
| | 10 PCS 647.9010 |
| | 10 PCS 647.9011 |
| | 15 PCS 647.9012 |
| | 40 PCS 647.9013 |
| | 60 PCS 646.9710 |
| | HARD ANODIZE BLACK |
| | MIL-A-8625 TYPE III CLASS 2 |
| | Job: 20120768 |
| | PO: PO18506 |
| | Line: |

Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance
with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED
ATG SALES-2010 TERMS APPLY

DATE: 12/12/12





A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms | Ship Via |
|----------|-----------------------------------------------------------------------|
| | |
| Quantity | Description |
| | CERTIFIED SIGNATURE : <u>M</u> RECEIVER SIGNATURE : <u>R. Dyer</u> |